RESERVED FOR BINDING MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND		
and ille many 1116	CERTIFICATE OF DEATH		
County Alland And And And And And And And And And A	Registration Dist. No. 12		
Village or City Illuon (No	St.; Ward) [If death occurred is a hospitat or Institution give its NAME lostead		
* FULL NAME Mary Marth	a lefe sausser of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE 5 SINGLE, WISOWED, WISOWED,	16 DATE OF DEATH 2/ , 191. 3 (Month) (Day) (Year)		
Temale while (Write the word) Single	17 I HEREBY CERTIFY, That I attended deceased from		
EDATE OF BIRTH Carriary 9, 1913.	that I last saw h & _ alive on _ fact / 8 _ 191 3		
(Month) (Day) (Year)			
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,		
yrs. mos. 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:		
BOCCUPATION	J. J. B. S.		
(a) Trade, profession, or particular kind of work Child			
(b) General nature of Industry,	1.5		
business, or establishment in which employed (or employer)	(Duration) yrs. mos/ 3 ds.		
9 BIRTHPLACE (State or country)	Gontributory (Secondary)		
10 NAME OF FATHER	(Signed) A Paragraphy M. O.		
o mos jours	O SHERR, 191 3. (Address) The Allend		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
of Mother Stella alexander	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.		
13 BIRTHPLACE OF MOTHER (State or country) Mary Paul	OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(Informant) Why allie and	Former or usual residence.		
(Address) Teluva	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LUS Rever have a 22 101 2		
Filed MAN 2219131 & Holdworth	20 UNDERTAKER ADDRESS		
REGISTRAR If more blanks are needed, address State Registrar	r. 6 E. Franklin St. Balto. Paguaging V. S. No. 1		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers nunc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewifc, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diverse to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonarum, etc... Carcinosis of lungs, meninges, peritonarum, etc... Carcinosales.

childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart faiture," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as ampie: Meastes (disease causing death), 29 ds.: oma. Surcoma. etc., of ture of the American Medical Association.) Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary). 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mail; The contributory Aiways qualify all diseases resulting from (secondary or latercurrent) (name origin; "Can Examples:

SICIANS should OCCUPATION IS PHYSICIANS RECORD ERMANENT classified AGE ed pe UNFADING Inddus тау that 0 piain Instructions Information 2 DEATH 0 OF CAUSE OF

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County I K Ley are Registration Dist. No. Ilf death occurred in Village or City a hospital or Institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, & 1913 WISOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY That I attended decoased from S DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. DEATH & was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country AREN State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ____ yrs. mos. ... (State or country State Where was disease contracted. If not at place of death? usual residence. OR REMOVAL DATE OF BURIAL 1913. 29 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marassuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. chlidbirth or miscarriage, as "Purrerral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritin nant ncopiasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report zer" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

RESERVED FOR BINDING MARGIN

V. S. No. 1.

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Village or City Land (No. 37)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male A COLOROR MACE SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw here alive on Jan. 16 1913,
7 AGE 1 If LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 7. m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER MOTHER PARTY OF FATHER OF COUNTRY) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) LILLIE TO THE BEST OF IT KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?
(Address) Free Face Hard Hold 15 RIGHN 18 1918 191 Francischer REGISTRAR	Former or usual risidence. 1 PALECE OF BURIAR OF REMOVED DATE OF BURIAL 20 ON DEBTANCE ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scpticharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the genltai," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken: For vio-"Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," Examples:

PERMANENT properly O supplied. O 20 terms, ain ā EATI 00 OF item

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Instructions

portant. ш

Every CAUSI Import

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [It/death occurred in a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWEO, (Month ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH a., 191 3 ... to (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. State or pountry) (Secondary) 10 NAME OF FATHER ARENTS Dave, 3 191 3 (Address) Combular 11 BIRTHPLACE OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. If not at place of death? Former or usuai residence BURIAL OR REMOVAL OFTE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No 1

[Approved by L. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report spoiled by the control of th mine, etc. ness. If retired from business, that fact may be indibeen changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSINO DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons material worked on may form part of the second it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age fication. as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage. as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," ampie: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL' peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:

	PLACE OF DEATH	STATE OF MARYLAND
	161	CERTIFICATE OF DEATH
C	ounty all gary	r1 4
		Registration Dist. No.
٧	iliage or City Can Landana (No. 1927,	St.; Ward) [If death occurred I a hospital or Institution give its MAME Instead of street and number.]
	FULL NAME IN ANY BE	Blackburns Wisheet and Bumber.
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
•		16 DATE OF DEATH One 2 11th 2
3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED,	1915
	Lewel While (Write the word)	(Month) (Day) (Year) 17 I HEFEBY CERTIFY, That I attended declared from
6 0	ATE OF BIRTH	Jay 10th, 1913, to Jay 24th, 1913
	mass 10 1894	
	(Month) (Day) (Year	that I last saw h & alive on Jay 2414 1913
7 A	GE If LESS/han 1 dayhrs.	and that death occurred on the date stated above, at 2 Holem
	61° yrs. 10 mos. 14 ds. or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	NAGA. Process
) Trade, protession, or tricular kind of work.	Will for the second second
(b)	General nature of industry,	
	iness, or establishment in ich employer)	(Ouration) yrs. mos. ds.
	IRTHPLACE tate or country)	Contributory(Secondary)
(3	tate or country)	/Buration) yrs. mos. ds
	10 NAME OF FATHER	1848/12
	James Brown	(Signed) , M. O.
NTS	11 BIRTHPLACE OF FATHER	144, 1913, (Address) 113 Voucy 114
H	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
AREI	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
0,	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the ot death yrs, mos, ds. State yrs, mos, ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	IN O MY	If not at place of death?
	(Intormant)	usual residence
	(Address) Cumbrulase	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1150	Slk yarden noa Jan 26, 1913
Fil	JAN 25 19181 I Many	20 UNDERTAKER ADDRESS
	REGISTRAR	John & Waldord Cumbrians
	If more blanks are needed, address State Registra	r, S.E. Franklin St., Balto., Requesting V. S. No. 1.
-		M. Mr. 12.10,

iApproved by U. S. Census and American Public Health
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such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary). 10 ds. valvular heart disease; Chronic interstitial nophritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . "Contributory." Accidental drowning; Struck by railway train-accl-LENT DEATHS State MEANS OF INJURY and qualify as The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," Never report For viod8. :

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Conference (No Allege	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
*FULL NAME Strawk 1 to e.	Res ~
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male - Wiete Single, Marriel Marriel Williams (Write the word)	16 DATE OF DEATH Jan 10 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Jun 9 , 1913, to Jace 10 , 1913.
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs. 0 ORmln.? 8 OCCUPATION (a) Trade, profession, of five of	and that death occurred on the date stated above, at 2 9 m, The CAUSE OF DEATH* was as follows: James Frack Skell James by freight frace Occident (Duration) yrs. mos. 12 kgs.
which employed (or employer) BIRTHPLACE (State or country security Parising Parisin	Contributory (Secondary) (Deration) yrs mos ds.
FATHER LECULES GOOREST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MAY Y Colorest	(Signed) , M. D. State the DISEASE (Address) Ceresheller *State the DISEASE DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER AT Y CONCESSION OF MOTHER (State or country Lee Resource (Informant) THE BEST OF MY KNOWLEDGE	At place of deathyrs,mosds. Stateyrs,mosds. Where was disease contracted,trueth_Perus. Former ortrueth_Perus. The contracted trueth Perus. The contracted trueth Perus.
(Address) 15 ILAN 10 1913, 191 Tolonium Registran If more bianks are needed, address State Registran	2 STANDERTARE ADDRESS CECEPSE STANDERS OF BURIAL BOOK

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Diphiheria (avoid use of "Croup"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrperal scotiehacetc., when a definite disease can be ascertained as the injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ar-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for maily The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-

Instructiona

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Treunonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallecause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Al-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; Examples: 01

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

PLACE OF DEATH	STATE OF MARYLAND		
County allegany 8	CERTIFICATE OF DEATH		
11	Registration Dist. No.		
Village or City Nostburg (No.	St.; Ward) [if death occurred in a hospital or institution.		
10 1 0 R	give its NAME instead		
* FULL NAME Cavina & Or	oderick of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Medowed	16 DATE OF (DEATH 22-1913: 1013)		
WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
21 3 .843	Jan 1 , 1913, to Jan 22 , 191/3		
(Month) (Day) (Year)	that I last saw her allve on San 22 , 191 3		
7 AGE If LESS then	and that death occurred on the date stated above, at 10 m.		
10 11 19 1 day,hrs.	The CAUSE OF DEATH * was as follows:		
8 OCCUPATION	- Cronchorthean		
(a) Trade, profession, or			
perticular kind of work			
business, or establishment in	(Duration) yrs. / mos. ds.		
which employed (or employer)	Contributory lothe Regunslation.		
9 BIRTHPLACE (State or country)	(Secondary)		
10 NAME OF DO 10 0 0	(Doration) Jyrs mes us.		
FATHER Muchuel & Carne	(Signed) NI Clever M. D.		
11 BIRTHPLACE	Jan 25, 191 3 (Address) Trestbur my		
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from States		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER A A A A A A A A A A A A A	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
of Mother Martha Jaber	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE	OR RECENT RESIDENTS) At place to the		
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(intermant) Veller Sterry	Former or		
many - wi- land to alter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)	1/1/20tal - at 16 1 / 2 25 2		
10 10	20 UNDERTAKEN AD A DORESS.		
Filed 1912 23 , 1913 PARECISTRAR	Grand Hoader Frank. 111		
	Franklin St., Balto., Requesting V. S. No. 1.		
/ January Date Megastra	- Simming St., Daito., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purspersal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICHDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 de. etc. The contributory (secondary or intercurrent) valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronical Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples: For VIO-

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BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	O CERTIFICATE OF DEATH
County alleg 9	N°
0 0 1 1 190	Registration Dist. No.
Village or City Cumberland (No. 190,	St.; Sward) [If death occurred in a hospital or institution,
* FULL NAME Laving & Bro	give Its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Acc 22, 1912 to 1 1913
(Month) (Day) (Year)	that I last saw h 5 A alive on 3 (,191)
7 AGE If LESS than	and that death occurred on the ette stated above, at / 0 30 Am.
729 yrs. mos. ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
GOCCUPATION	Interstitud Nophrita
(a) Trade, profession, er particular kind ef work.	
(b) General nature of industry, business, or establishment in which emplayed (or emplayed in	(Doration) yrs mos ds
witch emblolen (di simbiolet)	Contributory
State or country)	(Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER Mulleur	(Signed) A 2 5 2, N. D.
11 BIRTHPLACE OF FATHER (State or country)	Show the Desire Course Desired to the Course Desired to the Desired to the Course Desire
C 12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
d 12 MAIDEN NAME OF MOTHER Muhaman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TOANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Other F. Stour.	Former or usual residence
(Address) 190 ma avc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1019 726 - 1=	20 UNDERTAKER ADDRESS.
Filed AN 3 19191 TODALLES REGISTRAR	Louis Atley City
If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purepresal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senite," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-Bronchopneumonia (secondary), 10 ds. nant ncopiasms); Mcastes; Whooping cough; Chronic oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Never report Examples:

RECORD

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N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
County alleg 10	CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Cumberland (No. 224,	Heimford St.; Ward) [It death occurred a hospital or Institution
PULL NAME Sufant	Burch give lis NAME loster et street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Single Widowed, Swigle Widowed, Write the word	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH Oau 11 (Month) (Day) (Year)	that I last saw h alive on 2000. 11 1910
7 AGE If LESS than 1 day, hrs. or min. 2	and that death occurred on the date stated above, at 4 9 mm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind et work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
⁹ BIRTHPLACE (State or country) MG	Contributory(Secondary) (Quration) yrsmosds
10 NAME OF FATHER Vm. 7 Burch	(Signed) That M. Hasar M. D. Law III , 1912 (Address) was bus fand and
Z (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds.
(Interment) The Hest of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 224 Jumbied Sh	Rose Hice Con Pare 1, 1913.
Filed Dan 13, 193 In a man with	20 UNDERTAKER ADDRESS

If more hianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Purperal septichae cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Narasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mally tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can Never report Examples:

UNFADING WRITE

10 OCCUPATION RECORD 4 supplied. certificate. that Jo back should termi 0 plain Instructions 2 EATH 0 9 OF mportan Every m ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OF RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) TAGE If LESS than and that death occurred on the date stated above, at 11.3 1 day 6 hrs. OR min. ? BOCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. mos. State Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER DDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino definite and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar preumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PULEPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemin," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as "Coffapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 affection need not be stated unless important. ter" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., of . ture of the American Medicai Association.) Accidental drowning; Struck by railway train-accinant neopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For VIO

No. 1. **2**2

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 12 County allegany

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Village or City Midland (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Clara Cave	naugh
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH (Mggth) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH Auny 12, 19/3. (Month) (Day) (Year)	Birth 191 to Jary 14, 1913. that I last saw her allve on Juny 14, 1913.
7 AGE If LESS than 1 day, hrs. 2 1/2 ds. ORmin.?	and that death occurred on the date stated above, at 8 7, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Cyanosis Nes natorn
(b) Beneral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Milland Md	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Patrick & Cavenaugh	(Signed) FIXI Charles , M. D.
Z (State or country) Mary land	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER Agnes L Hogan	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) Millaul MIL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed gary/41913 F. HCharles	20 UNDERTAKER ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. ness. CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the jusiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septiehaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acclwhich surgical operation was undertaken. For vioaffection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Auderland (No. 27	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Sinole, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) (Year)
(Month) (Day) (Year)	that I last saw has alive on Jacey 26 1913
AGE If LESS than (1 day,hrs. ORmin.?	and that death occurred on the late stated above, at 8 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Couration) yrs. mos. 4 ds.
(State or country) Mad	Contributory (Secondary)
10 NAME OF FATHER Robert Cruss E 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER LUCY Jagney 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(intermant) Tobert Crus &	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed AN 28 19131 El Varright	Sunner Cent Jan 28, 1913 26 UN BERTAKER ADDRESS Fours Stein City
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative leaithfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Manter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease thin and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Pursepseal septichae -Hart failure," "Haemorrhage," "Inanition," "Maras-nus," "Old Age," "Shock." "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile." etc.). "Coilapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Never report Examples:

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PHYSICIANS

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No.....St.:.....Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE BSEX MARRIED. WIDOWED. (Month) ORGIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ... 1918 to Chan that I last saw h ____ allve on ___ (Day) (Year) (Month) it LESS than 7 AGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) ------Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Addrass) 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, atate (1) MEANS OF INJURY; and (2) whether ACCIDENш 2 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mas. ds. State yrs, mos. ... Where was disaase contracted. if not at placa of death? usual residence. 19 PLATE OF BURIAL OR REMOVAL OATE OF BURIAL 15 20 UNDERTAKER

Ilt death occurred in

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpural scottchae genital," "Senlie." etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic ocid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. The contributory "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.: State cause for Never report Examples:

V. S. No. 1.

N. B.

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PLACE OF DEATH County County 15	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Village or City Cumber Caul (No. 47, FULL NAME Lawrence ?	Lee St.; Ward) St.; Ward) Doerner St.; Ward) I the dath occurred in a hospital or institution, give its NAME instead of street and number. I		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from		
GDATE OF BIRTH July	that I last saw h. isin alloe on Alec 3 / st 1912		
7 AGE 35 yrs. 6 mos. ds. 0 nmin.?	and that death occurred on the date stated above, at 10.30P.m. The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind et work (b) General nature et industry,	Tuber culosis of Jungs		
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MA	Contributory Pulmonary Hamoshag (Secondary) (Duration) yrs mos ds.		
10 NAME OF FATHER Neyand Dormer	(Signed) SHW lits , M. O. 1-10, 1913 (Address) Carelyland Ind		
Z (State or country) Z (State or country) Z MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds.		
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.		
JAN 11 1913 + Danie Sha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS		
Filed ,191 REGISTRAR	20 UNDERTAKER ADDRESS		

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

childbirth or miscarriage, as "Purperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "As nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . Is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:

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Village or City Audeland (No) 47, Correct Name William Dor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sparsed (Write the word) SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mowth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
July 18 , 847 (Month) (Day) (Year)	that I last saw harm alive on 1912, 1913.
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PRITHPLACE (State or country) 10 NAME OF FATHER Pattick Donaline (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER PARTICLES Than 1 day,	and that death occurred on the date stated above, at
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL ALL 22, 191. 3. 20 UNDERTAKER ADDRESS 6 E FERRILL St. Police Proceeding V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of llibeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia die definite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencla lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarrlage, as "Puerperal scoticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:

certificate.

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See Instructions

Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St .:Ward)

lif death occurred in a hospital or institution, give its NAME instead ef street and nomber.]

DATE OF BURIAL

ADDRESS

t91.d

MEDICAL C	CERTIFIC	CATE OF	DEATH	
16 DATE OF DEATH	2	fonth)	(Day)	_, 1913 (Year)
17 Oct / HEREBY	CERTIF'		attended de	
that I last saw h allve		ga	~ S	6 a.
The CAUSE OF DEATH* w			ibove, at	
Chris	_ 2	udi	rear	liti
Contributory		-	***********	mes = .ds
(Signed) CR, 7	rau	printion)	yrs. Utra	mosds
*State the DISEASE CAUCAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	OF INJU	ATH, or, li	deaths fro	m VIOLENT
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs, mos, Where was disease contracted, if not at place of death?	ds.	In the State	yrs,	mos, ds

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-brsis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia-"Contributory." such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresar septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: of

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR W. S. No. 1.

1

PLACE OF DEATH County 18 Village or City June Contract (No. 1) 2 FULL NAME muna Casana	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FERSONAL AND STATISTICS SEX 4 COLORDRACE MARRIED, WIODWED, OROIVORCED (Write the word) 1848	16 DATE OF DEATH (Mghth) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from 1912, to Jany 7, 1913,
(Month) (Day) (Yéar) [AGE	and that death occurred on the date stated above, at 2 m, The GAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in Which employed (or employer) BIRTHPLACE (State or country) Larneyse	(Duration) / yrs. 3 mos. 0 ds. Contributory (Secondary) (Daration) / yrs. 3 mos. 0 ds.
10 NAME OF FATHER AMERICAN TO BEY S 11 BIRTHPLACE (State or country) PEYSON OF MOTHER OF MOTHER (State or country) OF PLEY ON WOOD OF MOTHER (State or country) OF PLEY ON WOOD OF MOTHER (State or country) OF PLEY ON WOOD OF MOTHER (State or country) OF PLEY ON WOOD OF MOTHER (State or country) OF PLEY ON WOOD OF MOTHER (State or country) OF PLEY OF WOOD OF MOTHER (State or country) OF PLEY OF WOOD OF W	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death
(Informant) (Address) # H. H. Hamout Jerrae e. (Address) # J. H. H. Hamout Jerrae e. 6 Filed M. 31, 1913 & Avaningha. REGISTRAR	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TOT ADDRESS ADDRESS Suttles 9 9 11 Centre St
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer,") Salesman, (v) As examples: For persons "Foreman,"

Statement of cause of dcath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-

No. 1. s;

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City No. (No	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVDRCED (Write the word)	18 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 22, 1913, to 22, 1913
(Month) (Day) (Year) AGE It LESS than	that I last saw h. 65 alive on 22, 1913
7 AGE It LESS than 1 day, / hrs. or. min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or amployer)	(Duration) yrs. mos ds. Contributory Caccula Praevia (Secondary)
10 NAME OF FATHER Samil Elliot 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER HALLING Trishin	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Address) Address)	At place of death
Filed Jan 23, 1913 D. C. G. Ummanfer	Into any led fan 23, 1913. 2D UNDERTAKER ADDRESS ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at bome, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it ime and causation), using disease the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosta

etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-

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1 PLACE OF DEATH	STATE OF MARYLAND
County allegany 20	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City lo with of (No. 6.7)	St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hole (Write the word)	16 DATE OF DEATH Month (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw him allve on Jaw 21th, 1913.
7 AGE It LESS than 1 day, A. hrs. OR	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	Selle formen ovale
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
(State or country)	
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country) MACL	(Signed) B Monuel , M. D.
M 12 MAIDEN NAME OF MOTHER AMA Sonforce	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds.
(Intermant) Bernard Farrell	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Belford & 5	St Patrick bent pare of Burial 3
Filed 191 / Council W	20 UNDERTAKER DE ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (4)

Statement of cause of death—Name, first, the DIREABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purposal scotichae etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing nant neoplasms); Measles; Whooping rough; Chronu is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent; "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," ctc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can death), 29 ds.: State cause for Never report Examples: 0

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH	STATE OF MARYLAND
County alley 21	CERTIFICATE OF DEATH
Village or City Cumberland (No. 24,	Chesturet st.; 3 Ward) Though the street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH (Month) (May) (Year) 17 1 HEREBY CERTIFY, That A attended deceased from
May 19. (Month) (Day) (Year)	that I last saw h = alive on
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER JAMES CARLING 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Joethof	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) lessifice 15	19 PLACE OF BURIAL OR REMOVAL LE PELEN + Pouls Jany 13., 1913. 20 UNDERTAKER Levis Stein Counted
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Mcasles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritix ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway, trainsuch, If impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

S. No. 1.

CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION [If death occurred inWard) a hospital or institution. RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH classified. (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at should 1 day, hrs. DEATH* was as follows: OR ? yrs. _____mos. properly 8 OCCUPATION AG (a) Trade, protession, or particular kind of work supplied. (b) General nature of industry, be business, or establishment in ADING (Duration) may which employed (or employer) Contributory....(Secondary) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF (Signed) 0 ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-60 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER of Infor (State or country) 14THE ABOVE IS TRUE MY KNOWLEDGE It not at place of death? See Former or OF Every Item CAUSE OF important. usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS B. REGISTRAR z If more blanks are needed, address State Regis trar, 6 E. Franklip St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons 0

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scutichae etc., when a definite disease can be ascertained as the -Kart failure," "Haemourhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. usat neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report the head Examples: 30

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. B. No. 1.

N. B.-

1 PLACE OF DEATH	STATE OF MARYLAND
county allega 23 00	CERTIFICATE OF DEATH
County 23	Registration Dist. No.
Village or City Cullectand (No.	
Village or City Cull ellall (No	a nospital of institution
£ 1, 1	give its NAME instea of street and oumber.]
FULL NAME Bruna V. 5	serley
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MARRIEO,	16 DATE OF DEATH Jan 28 1913
Female White (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	14 18 1912 to Jun 28 1913
(Month) (Day) (Year)	that I last saw he alive on 28, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 7. P. m
60 yrs. 2 mos. 27 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or	Curome Calarrhal
particular kind of work (b) General nature of industry,	Over Chito
business, or establishment in	(Duration) Syrs. 7 mos. 1 0 ds.
which employed (or employer)	Contributory
State or country)	(Secondary)
10 NAME OF	
FATHER John & Brodmerkle	(Signed) , M. D.
IN 11 BIRTHPLACE	Fan 20, 1910 (Address) 50 8 7000
OFFATHER (State or country) 12 MAIDEN NAME 9 OF MOTHER 9	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
That I Gurlow	If not at place of death?
(informant)	usual residence.
(Address) Columbia At.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 IAAL 9.1 1019 - 16 - 4	20 march A 1913
FIRM DI LISTY 991 & Colling M	20 UNDERTAKER ADDRESS
REGISTRAR	Tous steel city.
ir more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekcepers Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Realthful-Statement of occupation-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of ... (name origin; "Can State cause for Examples: For vio-

T. B. No. 1.

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Village or City Cumberland (No. 42) *FULL NAME Margret Of. I	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred is a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on Jan 6 ,1913
TAGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
e OCCUPATION (a) Trade, profession, er particular kind et work (b) General nature et industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 ds.
SERTHPLACE (State or country) Md	(Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER DECAY Haugh 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	(Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant)	If not at place of death? Former or usual residence.
(Address) 42 January St. Filed AN 8 19181 February M. REGISTRAR If more blanks are needed, address State Begistrar	DATE OF BURIAL OR REMOVAL DATE OF BURIAL PARTY 9, 1913 20 UNDERTAKER ADDRESS MALL ADDRESS OF Franklin St. Palto Proportion V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," -Coal

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I DI ACE OF DEATH

county allefany 25	CERTIFICATE OF DEATH Registered No.
Village or City Sonaconing (No	St.; Ward) St.; Ward) a hospitat or lostitution, give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
*SEX COLOR OR RACE MARRIED, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Cof 6, 1862 (Month) (Day) (Year)	that I last saw h alive on 191, 191
TAGE If LESS than 1 day, hrs. OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of iodustry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at m, The GAUSE OF DEATH* was as follows: Over close I Caudanum Euroleult Harlen with Aurisidal intent Tound Martin yrs. mes. ds.
10 NAME OF William Fout	(Signed) (Beration) .yrs
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease confracted, if not at place of death? Former or usual residence.
Flley au 2 8, 1913 Jordulock REGISTRAR	Old Coney Cemelery Jan 29, 1813. 20 UNDERTAKER ADDRESS Andrew Meir W Long Coning ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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PERMANENT EXACTLY stated properly classified. 4 pinous UNFADING INK-THIS AGE supplied. pe may oarefully that 80 WITH terms. should Information = of inform DEATH WRITE 0 Item

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state

PHYSICIANS RECORD

PLACE OF DEATH Very SICIANS should OCCUPATION IS (No..... MEDICAL PERSONAL AND STATISTICAL PARTICULARS Exact statement 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE SEX MARRIED, WICOWED, Write the word) I HEREBY CE 17 6 DATE OF BIRTH (Day) (Year) Month) If LESS than 7 AGE and that death occurred on th t day,hrs. The CAUSE OF DEATH* was OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory certificate. ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER of back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSIN CAUSES, State (1) MEANS OF 6 TAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME plain OF MOTHER See Instructions 16 LENGTH OF RESIDENCE (F OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place et death? Former or usual residenca... important. Every Ite BURIAL OR RE (Address) 15 20 UNDERTAK REGISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered ino.

;Ward)	a hospital or institution giva its NAME instead et street and nomber.]
RTIFICATE OF D	EATH
(Month)	Day) (Year)
to Jan	, 7, 191.3
e date stated abo	, , , , ,
. (Duration)y	rsds.
(Deration)	rsds
g DEATH, or, in d INJURY; and (2	eaths from IOLENT) whether Acciden-
In the	YIS, mos ds.
	ATE OF PURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of agetion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disland causing death—Name, first, the disland causing disland with respect to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purrerral septichaewhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

PLACE OF DEATH state of OCCUPATION IS County.... RECORD PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT stated EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. BINDING ORDIVORCED (Write the word) 8 DATE OF BIRTH AGE should be s properly classified. 4 (Month) (Day) 7 AGE If LESS than 2 F O R 1 dayhrs. THIS BOCCUPATION (a) Trade, profession, or RESERVED INK particular kind of work (b) General nature of industry, carefully supplied. so that it may be business, or establishment in UNFADING which employed (or employer) ---certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 MARGIN WITH pe OF FATHER (State or country) See Instructions on back DEATH in plain terms, PARENT of information should PLAINLY, 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS CAUSE OF Important. S (Interment (Address) S. No. 1. 15 m REGISTRAR ż If more blanks are needed, address State Registra BIO. RR

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No.
Nd. Work St; Ward) [If death occurred in a hospital or institution
a hospital or Institution, give its NAME instead out street and number.]
MEDICAL GERTIFICATE OF DEATH
18 DATE OF DEATH JUST 4, 1913 (Month) (Day) (Year)
170 I HEREBY CERTIFY, That I attended deceased from
Jan 31 , 1913, to Jan 31", 1913.
that I last saw h www. alive on A FO P Aug 1
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH * was as follows:
torney tody left troucher
ļ
(Duration)
Gentributory Aspluy contra
5 hours (Deration) ms mos ds.
(Signed) 194. Fechty, M. D.
Jon 31, 1913 (Address) Cumberland My
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
At piace at nospital 2 hothe non resident of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, May wolig Ma.
Former or usual residence Magnetolia W.Va.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
22 UNDERTAKER ADDRESS
1. 0.7
r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purereral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary). 10 ds. Never reporver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As The contributory Always qualify all diseases resulting from (Recommendations on statement or (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

should

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 12-12 1912 to 1-2 (Month) (Day) (Year) 7 AGE it LESS than t day, hrs. Premiture bitte Sum BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) yrs. mos. which amployed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. ____ mos. of death yrs. mos. ds. Where was disease contracted. it not at place of death?..... Former or 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred to a hospital or institution.

give its NAME instead of street and number.]

(Day)

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary fireman, etc. But in many Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the diberal Causing death—In a primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-Never report

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN B. No. 1.

PLACE OF DEATH Gounty Alleg 29 Village or Gity Cuarberland (No. The	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
* FULL NAME Benedic a.	Johnson (a hospital or institution, give its NAME lostead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIODWEO, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
State of Birth (Month) (Day) (Year)	that I last saw h in alive on 1913.
TAGE If LESS than 1 day,	and that death occurred on the date stated above, at // 300 m, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work. (b) General nature of industry,	hald have
business, or establishment in Rackroad which employed (or employer) BIRTHPLACE (State or country) MA	Contributory (Buration) yrs. mos. ds. (Secondary)
10 NAME OF Bernedie Johnson	(Signed) (Daration) yrs. mos. ds. (Signed) At Sahrace, M. D. For 8, 1913 (Address) Oly
(State or country) 12 Maiden NAME OF MOTHER Cathrill Wellen	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) MAC	OR RECENT RESIDENTA) At place In the of death yrs, mos, ds. Where was disease contracted.
(Informant) Louisa & Johnson Thomas (If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 (Address) 5 FORMUS AT REGISTERS	Delent Pauls Jany 7:, 191.3 20 UNDERTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fleation, as Day laborer, Farm laborer, Laborer "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons -Coal

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition." "Mares "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-

Village or City Clays Sept (No. 2007)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred is a hospital or institution give its NAME instead of street and number.]
*FULL NAME TREMELY DE GE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR OR OF COLOR	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw hamalive on Jan 17, 1919
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 1309 m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind et work. (b) General nature ef lodustry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, fuckling the former or
(Address) 15 Filed 18 1913 Flavoring In REGISTRAR	USUAL TOSIGENCE. 19 RLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can Never report Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
0	CERTIFICATE OF DEATH
County Let Thereself 31	Registration Dist. No
Village or City Cassal And (No. 1405)	St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw h
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 23 9 m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Generat nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
S BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mes ds.
O 11 BIRTHPLACE	(Signed) Carried Names, M. D.
Z (State or country) 12 MAIDEN NAME OF MOTHER PARAMETERS 12 MAIDEN NAME OF MOTHER PARAMETERS 12 MAIDEN NAME OF MOTHER PARAMETERS 13 MAIDEN NAME OF MOTHER PARAMETERS 14 MAIDEN NAME OF MOTHER PARAMETERS 15 MAIDEN NAME OF MOTHER PARAMETERS 16 MAIDEN NAME OF MOTHER PARAMETERS 17 MAIDEN NAME OF MOTHER PARAMETERS 18 MAIDEN NAME OF MOTHER PARAMETERS 19 MAIDEN NAME OF MOTHER PARAMETERS 19 MAIDEN NAME OF MOTHER PARAMETERS 10 MAIDEN NAME OF MOTHER P	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds.
(Intermant) Was 3	Where was disease contracted, If not at place of death? Former or usual residence
(Address) and land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed JAN 7 1938 FOVarright REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	r, 6 B Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . The contributory Aiways qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-

Y. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
county allegany 32	CERTIFICATE OF DEATH
Village or City Cumber land (No. 116	Registration Dist. No. [It death occurred In a hospital or institution,
* FULL NAME Margaret	A gudy of olofiels us and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Hile (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	00 10 16 1913, to 10 30 1913, that I last saw h. Ex allve on 1013
7 AGE S yrs. 6 mos. 16 ds. or. min.?	and that death occurred on the date stated above, at 930 m. The CAUSE OF DEATH* was as follows: AMCER THE OLONG OFWARD
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Exhaustion (Secondary)
10 NAME OF FATHER Valintine & See.	(Signed) Roberty Fechty, M. D. Jan 3 (, 1912 (Address) Cumba law) M. c.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CHARLES OF MOTHER (State or country) 13 BIRTHPLACE (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Or residents death of the Or state
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Sunger Juney	Where was disease contracted, Destiees Mrs. It not at place of death? Former or usual residence
(Address) Oldfields Wireless Filed FEB 1 1913 Thaning March REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pt
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Putereral septichaccause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION fif death occurred in PHYSICIANS a hospital or Institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. MARRIEO. WIDOWEO. (Write the word) I HEREBY CERTIFY, That I attended deceased from deec (Month) it LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 properly 6 OCCUPATION INK (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in ADING which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) jo ARGIN 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Viola CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. .. State yrs. __ EATH Where was disease contracted. 14THE ABOVE IS If not at place of death? Jo ā Former or OF usual residence CAUSE OF PLACE OF BURNOL OR BEMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia "Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.: cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. valvular heart disease; Chronic interstitial acphritis nant neoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of _ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," the head of Examples: For vio-

RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Important. See instructions on back of certificate.

Village or City Lever Bealand (No. 16.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) Lit death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fix 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH Accuracy 6, 19/3 (Month) (Day) (Year)	16 DATE OF DEATH Saw. 6 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 19
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Osemolin Bord. (Buration) yrs. mos. ds. Contributory 5 mos. Greenston Bord. (Secondary)
10 NAME OF ER GEllough 11 BIRTHPLACE (State or country) Mareylaced 12 Maiden NAME of 40	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Wesh. Juguesa 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 6 Park II.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place of death yrs. mos. ds. State Where was disease confracted, If not at place of death? Former or usual residence. 19 DACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
FILED AN 1 191 J. L. C. C. C. REGISTRAR	Jours Stein Rumbuland

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc.. Carcin

cblldbirth or miscarriage, as "Puerperal septichae mus," "Old Agc," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

1 PLACE OF DEATH

STATE OF MARYLAND

[it death occurred in a hospital or institution.

give its NAME instead ot street and number. 7

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaitified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN W. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County alleg.	CERTIFICATE OF DEATH
	regain Infield Registration Dist. No.
Village or City Cumberland (No. Sis	Ward) [if death occurred in a hospital or institution, give its NAME instead
* PULL NAME albert Lauce	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED, WILDOWED, OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Bay) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
189	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE If LESS tha	mail that weath occurred on the date stated above, at
19 yrsmosds. 1 day,hr	I THE GAUSE OF DEATH'S WAS AS TOHOWS:
6 OCCUPATION & O	- ageidental Jums on
(a) Trade, protession, or particular kind of work.	tacs
(b) General nature of industry,	acarthia - ear runs
business, or establishment in which employed (or employer)	ma Comp Cos (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary) (Secondary) (Boration) - yrs mos ds
10 NAME OF FATHER A LANGE A L	(Signed) Jet Bocch film Coloree M. D.
11 BIRTHPLACE	18 Februs (Address) Sembelend Mul
(State of country) Aucknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs, 2/mos, 8ds, Stateyrs, 2/mos, 8ds,
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, P. d. O. 910
(Informant) Listers of Charity Hosp	If not at place of death? Former or usual residence Touth Caroling
(Address). Consularland 77/14	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 marsh 191.3
MAN 18 1913, 191 2 Polancing M	20 UNDERTAKER ADDRESS
/ REGISTRAR	Tous Den City
If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. . Never . return "Laborer," cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE, MARRIED, WOODWOOD, ON DIVENCES O
SSEX 4 COLOROR RACE SSINGLE, MARRIED, WIDOWED OR DIVINORD (Month) (Day) (Year) TAGE If LESS than t day, hrs. OR min. ? B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Particular kind of work. (b) General nature of Industry, Dusiness, or establishment in which employed (or employer) Particular kind of work. (b) General nature of Industry, Dusiness, or establishment in which employed (or employer) Contributory (Secondary) (Signed) (Month) (Day) (Year) (Month) (Mont
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. mia," "PUEEPERAL pcritonitis," childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

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item of information should be carefully supplied. AGE should be atated EXACTLY. PHYSICIANS should state E OF DEATH in plain terma, so that it may be properly classified. Exact statement of OCCUPATION is very lant. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A -Every Item o CAUSE OF I Important. S

37

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[if death occurred in

	FULL NAME Wim Isasus	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day) , 191.3. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2 22, 1913, to fee 3 22, 191.3.
-	(Month) (Day) (Year)	that I last saw h // alive on Frontag 2 700 , 1913
TAC	GE If LESS than 1 day,	and that death occurred on the date stated above, st
(a) par (b) busi whi	OCUPATION Trade, profession, or ricular kind of work. Beneral nature of Industry, iness, or establishment in leh employed (or employer) IRTHPLACE	(Doration) yrs. mos 4 ds. Contributory Old ages Selesasio
(8	10 NAME OF	(Secondary) (Doration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. D. 7, 191 G. (Address) Orange State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PARE	12 MAIDEN NAME OF MOTHER Davis	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
	(Informant) Charles Drake	Where was disease cootracted, If not at place of death? Former or usual residence
15	(Address) Haysu and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	ed / 7 1913 Dewett Local REGISTRAR	20 UNDERTAKER ADDRESS ON COWNER OF COLL
	If more blanks are needed, address State Registre	ar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the despect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin

cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 "Contributory." sepsis, tetanus) may be stated under injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of . ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can the head of Never report Examples: d8.

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PLACE OF DEATH state VSICIANS should state occupation is very PHYSICIANS RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) 6 DATE OF BIRTH properly classified. 4 Month (Day) (Year) 7 AGE If LESS than IS pinous 1 day,hrs. INK-THIS OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in UNFADING may which employed (or employer) ⁹ BIRTHPLACE (State or country) carefully o in plain terms, so that 10 NAME OF FATHER WITH 11 BIRTHPLACE ARENT OF FATHER (State or country) pinous 12 MATDEN NAME PLAINLY OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death DEATH Where was diseasa contracted. WRITE If not at place of death?... of Former or OF usual residence Every CAUSE Import 16 REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred lo a hospital or institution, giva its NAME instead of street and oumber.]

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH	Jaw.	(Day)	, 191.3. (Year)
17 A LHERER			
faw 2 1	91 13 to Jan	11	1913
that I last saw have a	live on Jans	//	191 <u></u>
and that death occurred			
The CAUSE OF DEATH*	hs Ones	-	· ·
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	(Ouration)	yrsm	os. // os.
Contributory add	0		
(Signed) F. W.A.	(Oeration)	yrsm	osds
Jan // , 1912 (Address) Cumber	enl	seul
CAUSES, state (1) MEANTAL, SUICIDAL, OF HOME	AUSING DEATH, or, in	deaths from	VIOLENT
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS, INS	TITUTIONS, T	TRANSIENTS.

In the

State

DATE OF BURIAL 1211 13 , 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH County Clleg. 39 Village or City Cumberland (No. Ja	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
*FULL NAME Ernest L.	Lillard give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wisowes, Warried (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on
TAGE If LESS than 1 day,hrs. ORmin.? Coccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry,	and that death occurred on the date stated above, at 10 9 m. The CAUSE OF DEATH* was as follows: ACCIOLLET, loansed by the stated above, at 10 9 m.
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER PAULES PAULES 11 BIRTHPUACE OF FATHER (State outcountry) 12 MAIDEN NAME OF OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	(Signed) Signed
13 BIRTHPLACE OF MOTHER (State or country)	of Recent Resource (For Hospitals, Institutions, Transients, on Recent Resource) Af place In the of death yrs. Mos. State yrs. Mos. ds. Where was disease confracted.
(informant) Samuel Condition (Address) Samuel Co	If not at place of death? Former or usual residence. Samesvalle Ma. James J. 1913
Filed AN 15 1913 & Daninghi	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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PLACE OF DEATH County Collegary 10	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Combeland (No. C.). *FULL NAME Esti Zustail.	Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
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(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at 6 4 m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER CLIZA, Lu Roce 11 BIRTHPLACE OFFATHER (State or country) Mystrijux	(Duration) yrs. mos. ds. Contributory. (Secondary) (Duration) yrs. mos. ds. (Signed) And Carboll, M. D. One 6, 1913 (Address) Carboll And Carboll. *State the Disease Causing Death, or, in deaths from Violent Caubers, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country Lake Market)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds.
informant the Somover of France (Address) 151 M Center St	Where was disease contracted, If not at place of death? Former or Death residence PLACE OF URILL OF REMODERS DATE OF BURIAL 20
Filed AN 8 1948 Tolong Registran If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

minc, etc. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the DISEASE the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the But in many For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same deausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid—probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Purereral scottchae inus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATES State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhanstion," Never report Examples: For vio-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH he way Registered No ilf death occurred toWard) (No..... a hospital or lostitution, give Its NAME Instead of street and nomber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATE SEX 4 COLOR OR RACE 191.3 MARRIED. mamed Wreewes on Diverged Write the word) (Month) (Year) I HEREBY CERTIFY. That I sttended deceased from 17 6 DATE OF BIRTH (Year) (Month) If LESS than TAGE and that desth occurred on the date stated shove, st ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER-11 BIRTHPLACE OF FATHER Z State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos, ____ ds. State yrs, ____ mos. (State or country) Where was disease contracted. If not at place of death? Former or usual residence DE BURIAL 191...3 DRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," If the occupation bas Farmer or Planter, As examples: For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscias of lungs, meninges, peritonaeum, etc..

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

m ż PLACE OF DEATH

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STATE OF MARYLAND CEPTIFICATE OF DEATH

Village or City Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS BEX COLOR OR RAGE DATE OF BEATH (Nofit) (County all	Registration Dist. No.
SEX 4 COLOR OR RACE SAMALE, MARKED, SURVEY, MA	Village or City Cumbellend (No.)	St.; Ward) [It death occurred in a hospital or institution give its NAME instead
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[Approved by U. S. Census and American Public Health Association.]

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Instructions

PLACE OF DEATH (No..... St: Ward) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. (Write the word) 17 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE it LESS than 1 day,....hrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duratioo) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death _____ yrs. ____ mos. ___ (State or country _ds. Where was disease contracted. KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER Filed Along 28, 191 REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No

lit death occurred in a hospital or lostitution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH Month) (Day) I HEREBY CERTIFY, That I attended deceased from alive on Holmany 28 ,1913 and that death occurred on the date stated above, at_ The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

In the State yrs, ...

DATE OF BURIAL

... 1913...

ADDRESS

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Cumbuland (No. 180,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Female White Stringle (Write the word) Stringle (Write the word) Stringle (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY GERTIFY, That I attended deceased from the following partial pa
TAGE # Jyrs. 5 mos. ds. ormin.? **CCCUPATION* (a) Trade, protession, or particular kind et work.	and that death occurred on the date stated above, at 10 A m, The GAUSE OF DEATH* was as follows: Cancer of buent
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Pressura (Secondary)
OF MAME OF FATHER COMMENS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds, Where was disasse contracted,
(Address) 180 Green St.	If not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL ADDRESS 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registran	Jours Steers City

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meningitis"); Lobar pneumonia; Bronchopneumonia ("Tneumonia") u qualified, is indefinite); Tubercutoris tungs, meninges, pertionacum, etc.. Carcin-

affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage. as "Purrereal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-

PLACE OF DEATH CCUPATION PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS ERMANENT EXACTLY. 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) 17 ONIB 8 DATE OF BIRTH ⋖ classified. (Month) (Day) 7 AGE If LESS than 1 day hrs. shoul The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION proper AG (a) Frede, profession, or INK particular kind of work (b) General nature of Industry, supplied. be business, or establishment lo DING may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (Secondary) (State or country) # that 10 NAME OF FATHER (Signed) 80 10 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from WOLENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions information 0. OR RECENT RESIDENTS) 13 BIRTHPLACE In At place OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. DEATH Where was disease contracted. KNOWLEDGE TRUE TO THE BEST OF If oot at place of death? of Item 10 usual residence mportant. Every Ite PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

Ilf death occurred in a hospital or Institution. give its NAME lostead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Deration)

CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

State yrs, ____ mos, ___ ds.

OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the dispass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nngualified, is indefinite); Tuberculossis of lungs, meninges, periionacum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-Never report For vio-

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City weeksie Pm	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word) 6 DATE OF BIRTH 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from [191]
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory (Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Interment) (Address) (Address) 16 Filed AN 8 191361 Filed AN 8 REGISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 place of Burial or Removal 20 ungertaker Address Letter of Burial or Removal 20 ungertaker Address Letter of Burial or Removal Address Address Letter of Burial Address Address Letter of Burial Letter of Burial Address Address Letter of Burial Letter
in more bishas are needed, address State Registra	m, o m. brankin St., Baito., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death); 29 affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is icss definite; avoid use of "Tumor" for maily The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhanstion," Examples: For vio-

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR T. B. No. 1.

N.B.

PLACE OF DEATH	STATE OF MARYLAND
County allegary 48 10	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Cerubaland (No. (No.	[If death occurred in a hospital or lostitution, give its NAME instead of street and numbor.]
* FULL NAME Ufilan Wiser	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, Married Wisherto (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on ,191 ,191 ,191 ,191 ,191 ,191 ,191
7 AGE 11 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trado, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	In G+O land folts (Duration) yrs mos ds
9 BIRTHPLACE (State or country) Austra	Contributory (Secondary) (Paration) yrs mos ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) . M. D. Consul, M. D. One . 191 3 (Address)
12 MAIDEN NAME OF MOTHER MENOWY 13 BIRTHPLACE OF MOTHER (State or country) MARNOWY	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos ds.
(Informate) It omeway form	Where was discase cootracted, If not at place of death? Former or Usual residence. Construct Court Ridgely Man
(Address) S Centers of Filed JAN 8 1988 Francisch	PLACE OF BURNAL OR REMOVAL DATE OF BURNAL 191.13. 20 UNDERTARER OF BURNAL OR REMOVAL DATE OF BURNAL OR BU
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichardent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness. "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary). 10 ds. Never report ample: Measles (disease causing ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, (name origin: "Can death), 29 ds.

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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. lit death occurred inWard) a hospital or institution. give its NAME instead of street and number. 7 ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 CDLDR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) 7 AGE It LESS than and that death occurred on the date stated above, at... 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) . 191.3. (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MDTHER (State or country of death yrs. mos. ds. State yrs. Where was disease contracted. If not at piace of death? Former or usual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—Name, first, the disease to the and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiffied is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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FOR BINDING

MARGIN RESERVED

PLACE OF DEATH	STATE OF MARYLAND
011/2 - 2-11/ 50 A	CERTIFICATE OF DEATH
Gounty Allegany	Registered No. Z
Village or City # Day 2000 (No.	St.; Ward) [If death occurred le a hospital or Institution, give its NAME instead
*FULL NAME John House	say of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED,	16 DATE OF DEATH (Month) (Day) (Year)
Male White (Write the word) Single	17 I HEREBY CERTIFY, That I attended deceased-from
(Month) (Day) (Year)	that I last saw hamally on Jun 5 13, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 570 Pm,
14 / yrs. / mos. / ds. ORmin.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind at work	Chronicalesholin
(b) General nature at industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. o mos. ds.
SBIRTHPLACE (State or country) Barton Ind.	(Secondary) (Deration) yrs mos 3 ss.
10 NAME OF Julian Drunay	(Signed) Skilling M. D.
2 II BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violey's CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER PASIA CARdon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mulkay Hussian	Former or usual residence
(Address) Discov, Miles	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Battan Ind. 1913,
Filled Jan 6 , 1913 Sfa Bouche REGISTRAR	address and address
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are-engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puraperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
County alleray 51	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City (No(No	Green State Ward) [If death occurred I a hospital or Institution give its NAME lostea
* FULL NAME Charles J. Vie	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH S DATE OF BIRTH (Month) (Day) (Year)	from 4, 191.3, to 9111 H, 191.3 that I last saw h 1111 alive on 11111 4 191.3
7 AGE 1	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind et work. (b) General nature et Industry,	4
business, or establishment in which employed (or employer)	(Ouration) 7 yrs mos ds
9 BIRTHPLACE (State or country)	(Secondary) (Daration) (Daration) (Baration) (Baration)
10 NAME OF Gudrew Lies.	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Diarie O. O.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) M. A.	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) Andrew (Informant)	If not at place of death?
(Address) CounterCount Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	Jours Stew City.
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum,

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Puerperal scptichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails Bronchopneumonia (secondary). 10 ds. oma. Surcoma. etc., of _ The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin : "Can State cause for Never repor Examples:

RECORD RMANENT BINDI PEI XX ADING

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No PHYSICIANS St ;.....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SFY MARRIEO, WIDOWEO, (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,hrs. The CAUSE OF DEATH * was as follows: properly BOCCUPATION AGI (a) Trade, profession, or particular kind of work. (b) General nature of Industry. supplied. be business, or establishment in may which employed (or employer) BIRTHPLACE (Secondary certifical (State or country) that 80 0 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER ons LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Instructi 13 BIRTHPLACE At place in the OF MOTHER (State or country yrs. mos. ds. State yrs. mos. ds I EAT Where was disease contracted. If not at place of death? ō 0 Former or Item OF usual residence Every Iter CAUSE C PLACE OF BURIAL OR REMOVAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

If death occurred in

a hospital or institution,

give its NAME instead of street and number. 1

DATE OF BURIAL

ADDRESS

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia"); Lobar deventional, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosia of lungs, meninges, peritonaeum, etc... Carcinoscia of lungs, meninges, peritonaeum, etc...

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH No. N. B. ec.

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PLACE OF DEATH	STATE OF MARYLAND
County allegany 58	CERTIFICATE OF DEATH
())	Registration Dist. No.
Village or City CCKLauf (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
FULL NAME WWW.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SIGGLE, MARRIED, WIGOVED, ORDINARCE (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH Unknown	2001, 1917, to Jan 13, 1913,
(Month) (Day) (Year)	that I last saw h La alive on Au 1913
7 AGE Stan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession, or particular klod of work. (b) General nature of industry, business, or establishment in which employed (or employer) SEIRTHPLACE (State or country) 10 NAME OF FATHER Patrick May Coffather (State or country) 11 BIRTHPLACE (OFFATHER (State or country)) 12 MAIDEN NAME OF MOTHER Bridget 13 BIRTHPLACE	(Duration) Byrs. mos. ds. Contributory. (Secondary) (Becondary) (Buration) yrs. mos. ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place in the
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE Informant (Address) Colchart Mines, Ms Filed. 191	where was disease contracted, if not at place of death? Former or usual residence. 19 Lace of Burial or Removal Date of Burial 20 NOERTAKER Justify Ind Address
REGISTRAR	Justing & Under Starting
If more blanks are needed, address State Registra	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative acalthfuiwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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MARGIN RESERVED FOR BINDING

'PLACE OF DEATH	STATE OF MARYLAND
County allyanny 54	CERTIFICATE OF DEATH
	Registered No.
Village or City Mor ever Mills (No.	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I ettended deseased from
6 DATE OF BIRTH (Monch) (Day) (Year)	that last saw her allve on Jan 7 , 191.3.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of iodustry, business, or establishment io which employed (or employer)	Contributory Mexica (Ouration) yrs nos 7 ds.
State or country) Moscow Mills	(Secondary) (Oaration) yrs mos 2 ds.
10 NAME OF Edward Pultison	(Signed) TORilling . M. O.
11 BIRTHPLACE OF FATHER (State or country) MOOCON Mulls 12 MAIDEN NAME OF MOTHER Pull Price	*State the DISEASE CAUSING DEATH, OF, In desths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 RIRTHPLACE (2)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) WILLIAM 14 THE ABOVE 19-PRUE TO THE BEST OF MY KNOWLEGOF	At place to the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,
(Intermant) Edward Pullison	If not at place of death?————————————————————————————————————
(Address) HNZCM MULLS,	Lunn Hill antry Jun 9, 191 3
Filed Jan 82 , 1913 D. l. Bruche REGISTRAR	ung wehhom Lowering
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthfui-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the Diberary affection with respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion, "Coilapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Meastes (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: FOI VIO-S.

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Instructions

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STATE OF MADVIAND

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Registered No..... Ilt death occurred lo St: Ward) a hospital or institution, give its NAME lostead of street and number.]

MEDICAL CERTIFICATE OF DEATH

(Month) (Day) (Year) I HEREBY CERTIFY, That I sttended deceased from that I last saw hacon alive on ... DEATH* was as follows:

Contributory.... (Secondary) (Duration)

(Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL

., 191 (Address)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) In the State yrs, mos, of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at piace of death?

usual residence. OR REMOVAL

DATE OF BURIAL ., 1910

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosaeum, etc...

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Ohronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Annemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. B. No. 1

PLACE OF DEATH 57 County Clley and	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or Gity Drugno.,	St.; Ward) [If death occurred in a hospital or Institution give its NAME lostear of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED, OR DIVERCED (Write the word) B DATE OF BIRTH AND 4 1861	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1912, to 1913,
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw han alive on
32 yrs. / mos. 23 ds. 1 day, hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos os.
9 BIRTHPLACE (State or country) Justify (10 NAME OF 2)	(Secondary) (Duration) yrs. mos. 2 ds.
FATHER Went Manderer 11 BIRTHPLACE OF FATHER (State or country) & colleged	(Signed) (Signed) (A) 24, 191 3 (Address) That they have
OF FATHER (State or country) & cottand OF MAIDEN NAME OF MOTHER Sessies Stracy	*State the DISEASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted,
informent) The BEST OF MY KNOWLEDGE	If oot at place of death?————————————————————————————————————
(Address) Hosting 114 Filed Jan 28, 191 I Griffith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scottchac-mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. mant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report For vio-

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD om of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPANT. See instructions on back of certificate.	3 : 8 : 7 : 8 : (b : W : 9 : ()
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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—Every item of information should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	18

PLACE OF DEATH County Allegans 58	STATE OF MARYLAND CERTIFICATE OF DEATH
County Section 201	Registration Dist, No.
Village or City Casabardand (No. 339, C	[If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH / Au Eq., 1913. (Month) (Day) (Year)
(Month) (Day) (Year)	that last saw hat allycon 2 2 7 1913.
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Ouration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country)	Gontributory(Secondary) (Duration) yrs mes. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTURE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) (Address) (Address)	Where wes disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FLAN 30 1013191 FM CHULEGE REGISTRAR	28 UN DERPAKER Walferd Custofand
If more blanks are needed, address State Registra	c. A.E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carein-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affection need not be stated unless important. cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of _ is less definite; avoid use of "Tumer" for mails The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:

V. S. No. 1.

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PLACE OF DEATH County Allagany 59	STATE OF MARYLAND CERTIFICATE OF DEATH
County Little ground	Registration Dist. No.
Village or City Cumberland (No. 145 /	a Carla of St.; Ward) [If death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
Of the state of Birth (Month) (Day) (Year)	Jan 4, 1913, to Jan 13 th, 1913, that I last saw h SY allve on Jan 12 th, 1913
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 12.360 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work attending two States Business (b) General nature of industry, business, or establishment in which employed (or employer)	Jyphord Four (Duration) yrs - mos / O ds.
9 BIRTHPLACE (State or country)	Gontributory (Secondary) (Duration) yrs mos ds
OF FATHER OF FATHER OF FATHER	(Signed) Stolet , M. D. 1/14, 1913 (Address) Combo Med.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Was H Fland	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Cambriand md 15 PTGI F I NY 1, 191 F EVaning m REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No ... Ilt death occurred in St.:....Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) if LESS than TAGE 1 day,....hrs. OR ? SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or eetablishment lo (Duration) which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENш AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ Where was disease contracted. If not at place of death?..... Former or usual residence... DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto, Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: But in many For persons "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. tbenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronio oma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

RESERVED FOR BINDING

MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
(1111, -	CERTIFICATE OF DEATH
County Mugassy 61	Registered No.
Village or City Macounty (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH Office 24 1834	face 18 , 1913 to fore 20 , 1913,
(Month) (Day) (Year)	that I last saw h alive on face 20 1912
7 AGE If LESS than	and that death occurred on the date stated above, at 1040 P, m,
7 8 yrs. 8 mos. 29 ds. OR min.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kied of work.	Cleute Bronchetes
(b) General nature of lodustry, business, or establishment in which employed (or employer)	Contributory Heart Failur mos. 5 ds.
BIRTHPLACE (State or country) ayshire fcolland	(Secondary) (Deration) yrs mos 4s.
10 NAME OF Janus Richmond	(Signed) Laures O. Burnet, M. D.
11 BIRTHPLACE OF EATHER (State or country) Colland 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Collowed	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (interment) Margaret Rohmond	Where was disease contracted, If not at place et death? Former or
(Address) Consoming Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
FIRE VILL 22, 1913 JUV Succession REGISTMAR	aug Eichhorn Lonaconing
If more blanks are needed, address State Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

affection need not be stated unless important. injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:

Very

PHYSICIANS should of OCCUPATION IS

Exact statement

of information should be carefully supplied. AGE should be signified to be supported to be supplied to be supplied to be supported to be supplied to be supplied to be supplied to be supplied.

B.—Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

ż

RECORD

PERMANENT be stated EXACTLY.

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

No. 80

1 PLACE OF DEATH

County allegany

62

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. .Ward)

Village or City Cumb d	(No C	Celeza	ruy	Hosto st.
		J	7	/

[it death occurred in a hospital or institution,

	* PULL NAME Parces. Riley	give its NAME inster
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that last saw binalive on 1913
7 A	about 63 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at the man The CAUSE OF DEATH * was as follows:
(a pa (b) bus	OCCUPATION Trade, protession, or ricular kind of work General nature of industry, liness, or establishment in the number of consumers in the number of con	(Ouration) 4 yrs. mos. de
98	IRTHPLACE tate or country) Lufuour	Contributory
S	10 NAME OF FATHER 7	(Signed) Structure M. D. Riogeley W. C.
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
a	13 BIRTHPLACE OF MOTHER (State or country)	At place December 18 ds. State yrs. mos. 35 ds.
	(Intermant) Poles Harge	Where was disease contracted, Cadady Mar. Former or usual residence. Where was disease contracted, Cadady Mar.
15 Fil	ed AN 8 1913 Forancista	DATE OF BURIAL OR REMOVAL Lety Pourls 20 UNDERTAKER ADDRESS
	REGISTRAR If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekcepers additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of cause of death—Name, first, the disease cause of the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercupeumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal schicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably uant neopiasms); Measics; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-

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1 PLACE OF DEATH COUNTY Alle game 63	STATE OF MARYLAND CERTIFICATE OF DEATH				
County July Jany	Registration Dist, No				
Village or City Empheland (No. 53, 2) 2FULL NAME Raleigh Rit	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male White Single, Married, Widowed, On Divorced (Write the word) 1909	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Jun. 1 1913, to 24 1913, that I last saw has alive on June 24 1913				
7 AGE (Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. 9 yrs	and that death occurred on the date stated above, at 910 Qm. The CAUSE OF DEATH * was as follows:				
8 OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds. Contributory of the surface of near the surface of the				
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OTHER OF MOTHER OTHER OTHER	(Signed) Ta day May M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.				
of Mother Bertha Goodrom 13 BIRTHPLACE OF MOTHER (Stafe or country) Mc	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death				
(Informant) Paul BEST OF MY KNOWLEDGE (Address In Baland Ma	Where was disease contracted, It not at place of death? Former or usual residence				
Filedo JAN 25 1938 Francisco REGISTRAR	20 UN CEPTAKER ADDRESS! ADDRESS! ADDRESS!				
if more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.				

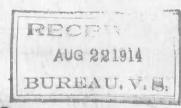
[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or indust, r, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

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.mia," "PUERPERAL peritonitis," etc. sucb, if impossible to determine definitely. childbirth or miscarriage. as "l'unerman scotichacscpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," 'Traemia," "Weakness," "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Surcoma. etc., of .. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. valvular heart disease; Obronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent "Senile." etc.), (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," State cause for Never report Examples: 01

Name in CERTIFICATE OF DEATH Full County MARYLAND Months Month Dav Days Date Age of death 198 2 Color or Birth-place FRIEN ANSWERED Race Occupation Married Single or Widowed Name of Wife or Husband 田田 Father's Father's Name Mother's Mother Birthplace Maiden Name Name of person giving How related to deceased in formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN 1mmediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address E O Accident or Suicide? LIBRARY BUREAU ASSSIS



PERMANENT BINDING ESERVED MARGIN

No.

pinoda OCCUPATION PHYSICIANS RECORD EXACTLY. AGE 80 Jo Instructions plai 2 DEATH WRITE To Item OF CAUSE OF m ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH alles County... Registration Dist. No fif death occurred in a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWEO, (Month) (Day) Write the word) 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 8 (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment lo (Doration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 191.3. (Address) 1.8.5 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIERTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ State State or country Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
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PLACE OF DEATH County Cleyun 65 13	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frequence 2 FULL NAME CURAN	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day) (Year) AGE If LESS than 1 day,	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 7 to 191 7, that I last saw h. alive on 191 3, and that death occurred on the gate stated above, at 7 m,
3 OCCUPATION (a) Trade, profession, er particular kind et work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs. 2 mos. ds.
10 NAME OF FATHER CONES SENDER 11 BIRTHPLACE (State or country) Single Turning 12 MAIDEN NAME OF MOTHER COMMOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 NAME OF MOTHER 11 BIRTHPLACE (State of Country) Single Statione	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informatil) (Address) Juan Hung Filed January 1913 1. June 16	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 place of Burial or Removal Date of Burial 29 undertaker Address
If more blanks are needed, address State Registran	r, of Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) the nature of the business or industry, and therefore an Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Salcsman, "Foreman,"

CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Turreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; "Contributory." The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For vio-

V. S. No. 1.

PHYSICIANS should state	nt of OCCUPATION is very	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.

Village or City Ethal (No. 1) *FULL NAME James J	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH 4 COLOR OF RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, Wile the word Write the word	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY GERTIFY That I attended deceased from
(Month) (Day) (Year)	that I last saw h allycon
7 AGE 1 LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH's was as follows:
(a) Frade, prefession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) A yrs mes ds
10 NAME OF FATHER SELLING SELL	(Signed) Colley, M.O. Jan. 1973 (Address) Jan. 2 House Co.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
Informant, Significant of the Best of My Knowledge (Address) (Address)	Where was disease contracted, If not at place of death? Former or Grual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Hoothory Wo Jan 2, 1913
Filed ,191 RECISTRAR	Frastburg Farmiture & Undertsking Co.

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulbeen changed or given up on account of the DISEASE Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senite," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3400:00

W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PLACE OF DEATH 968	STATE OF MARYLAND			
- 111000000000	CERTIFICATE OF DEATH			
CountyCounty	Registration Dist, No.			
Village or City Ceplan (No	St.; Ward) [It death occurred is a hospital or institution,			
	give Its NAME lostead			
*FULL NAME Mary Charlet Seibert of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE MARRIED, WIDOUED, WIDOUED, WIDOUED, WITHOUGH THE WORD WITH THE WORLD WITH	16 DATE OF DEATH (Month) (Day) (Year)			
6 DATE OF BIRTH	17 HEREBY CERTIFY, that I attended deceased from			
Dec 23 1913	1912, to 704 6 , 1913,			
(Month) (Day) (Year)	that I last saw h alive on 1913			
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,			
yrs. mos, 24 ds. OR mio.?	The CAUSE OF DEATH* was as follows:			
6 OCCUPATION	Juantion			
(a) Frade, profession, er particular klod of work				
(b) General nature of industry, business, or establishment in				
which employed (or employer)	(Duration) yrs. mos. ds.			
9 BIRTHPLACE (State or country)	(Secondary)			
1/100	(Duration) ·			
10 NAME OF FATHER SOLLO SELLES	(Signed) Ser Hereby M. O.			
M 11 BIRTHPLACE	Taux 16, 1913 (Address) Telfait hid			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH OF In deaths from Western			
12 MAIDEN NAME (CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.			
a figure oralles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER (State or country)	At place In the			
	ot death yrs mos ds. State yrs mos ds. Where was disease contracted,			
THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?			
Informant)	Former or usual residence			
(Address) L'Ecklart Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
15	Fostourg Jany 17, 1913			
Filed	20 UNDERTAKER ADDRESS			
REGISTRAD	partly and Under to Mine (a Front Gene h. 1)			

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Greeery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For vio-

V. S. No. 1.

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	1 PLACE OF DEATH	STATE OF MARYLAND	
	011.11	CERTIFICATE OF DEATH	
Co	ounty allegany 67	Besistand No. 12	
		Registered No. 19	
٧	illage or City Mudland (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead	
	Canal Notest &	Simposon of street and number.]	
	2: FULL NAME AMUS I DOTTE	Jono Jean II	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Nale White (Write the word)	16 DATE OF DEATH Sauceary 0 , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
6 p	ATE OF BIRTH	A	
	august 31 ,1838	Dre 30, 1910, to Jarry 9, 1913.	
4	(Month) (Day) (Year)	that I last saw h and alive on faculary 7, 1913.	
TAC	a E It LESS than	and that death occurred on the date stated above, at thout 2Am,	
h-	1 day,hrs.	The CAUSE OF DEATH * was as follows:	
	yrs. 4 mos. 10 ds. or. min.?	Found dead in bed	
(a)	OCCUPATION Trade, prefession, or Carkenter Tricular kind of work	Probably apoplery	
bus	Seneral nature of industry, iness, or establishment in General Wood Work ich employed (or employer)		
-	RTHPLACE tate or country) Hampshire Co W. Va	Contributory (Secondary) (Dyration) yrs	
	10 NAME OF John Simpson	(Signed) Fr H. Charles M. D.	
TS	11 BIRTHPLACE	, 171 (RUUI 030)	
M	(State or country) Dout Nuon	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	
	of Mother Nancy Larry	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.	
141	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) Givenge a Simpson	Former or usual residence	
	National Wed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	(Address)	Coumberland Md Jany 12, 1913	
20		20 UNDERTAKER ADDRESS	
Fil	ed	august Eichorn Lonaconing My	
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaegenitai," "Seniie," etc.), valvular heart disease; Ohronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory tetanus) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Never report cause for

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RECORD

PLACE OF DEATH County. ²FULL NAME MEDICAL CERTIFICATE O PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIOOWED, Marriel OROIVORCED (Write the word) HEREBY CERTIFY, That 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated t day.....hrs. The CAUSE OF DEATH* was as follows: OR ? mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS of MOTHER (State or country) At place ot death yrs. mos. 5 Where was disease contracted 14 THE ABOVE IS, THUE TO THE PAST OF MY MNOWLEDGE It not at place of death? (Intormant) usual residence. PLACE OF BURIAL (Address) 15 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE C

Ward

au

(Month)

(Duration)

Odration)

In the

ADDRESS

REMOVAL

(Address)

Registration Di

r	DEATH
st.	No #
) 	[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]
F DE	ATH
y	20, 1913 (Day) (Year) Inded deceased from 2014, 1913, 2014, 1913 (re, at 1130 ft. m.
yr	s. mos ds.
in de 1 (2)	mos ds. M. D. Created neither Accident
INST	mos, 3 ds

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the gcnital," "Senile." etc.), ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage. as "Purermeal scotichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) "Old Age." "Shock." Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion, "Traemia," "Weakness," (name origin; "Can State cause for Never report Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
100- 00 (00)	CERTIFICATE OF DEATH
County Allegasy 69 18	4
	Registration Dist. No.
Village or City Desnaterland (No. Try	Ward) [it death occurred in a hospital or institution, give its NAME lostead
* FULL NAME Bettie Sinfo	Sperry of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORGED (Write the work)	16 DATE OF DEATH (Month) (Day) (Year)
Spare of BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Dk 14 1912 to Du 14 , 1917
(Month) (Day) (Year)	that I last saw h. La alive on Du L 44 ,191 Z
7 AGE If LESS than	and that death occurred on the date stated above, at
3.3 yrsmosds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Munoray Intuntoris
(a) Trade, profession, er particular kind ef work	J
(b) General nature of industry,	A
business, or establishment in which employed (or employer)	(Ouration) Zyrs. mos. cs.
State or country)	Contributory (Secondary) (Deration) yrs mos ds
10 NAME OF FATHER OF PLITTER	(Signed) (Signed), M. D.
O 11 BIRTHACE	James 7/, 1913 (Address) Limitaland lies
11 BIRTH ICE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Comile Person	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) lessely flall	Former or usual residence
(Address) Brown A card mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRM 8 191391 Floranciata REGISTRAR	20 UNDERTAKER ADDRESS
If more hlanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcopers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausino death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salceman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia disease, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mail oma. Surcoma. etc., of . ture of the American Medical Association.) ample: Mcastes (disease causing death), 29 The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

W. B. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
County allegant 70 6	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Candraland (No. 9	Ward) [It death occur a hospital or Insti
	give its NAME in
* FULL NAME	as of street and number of str
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	18 DATE OF DEATH
WIDDWED,	(Month) (Day) (Yea
S DATE OF BIRTH (Write the word)	HEREBY CERTIFY, That I attended deceased i
Jan 16 1913	, 1917, to 191
(Month) (Day) (Year)	that I last saw half are on 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs mos. ds, OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, er	15000
particular kind of work.	Juli Berth.
(b) General nature of Industry, business, or establishment in	(Ouration) yrsmos
which employed (or employer)	Contributory
(State or country)	(Secondary) (Ouration yrs
10 NAME OF FATHER	(Rigned) Edward Jarres
Man Sprage	(16811011)
	1 104 17 1048 (Address) Humber Reference
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from Views
Z OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or in deaths from Viola
OF FATHER (State or country)	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER SVA Friday OFF	*State the DISEASD CAUSING DMATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SUA Frider COUNTRY) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJUEX; and (2) whether ACCIDITAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) A1 place In the of death yrs, mos. ds, State yrs, mos
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDITAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) A1 place In the of death yrs. mos. ds. State yrs. mos Where was disease confracted, if not at place of death?
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SUA Frider COUNTRY) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDITAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) A1 place In the of death yrs. mos. ds. State yrs. mos. Where was disease confracted, if not at place of death? Former or usual residence.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCIDITAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) A1 place In the of death yrs. mos. ds. State yrs. mos. Where was disease confracted, if not at place of death? Former or
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SUA Ender COUNTRY) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Particular Carrier Carrie	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SUA Ender COUNTRY) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) C. Market Country Count	*State the DISEASD CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDITAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) A1 place In the of death yrs. mos. ds. State yrs, mos. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Typhoid pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scpilchar-"Heart failure," "Haemorrhage," "Tnanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medicai Association.) Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-

N. B.—Every item of information should be earefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN 7. S. No. 1.

PLACE OF DEATH County allegary 71	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City makening (No	St.; Ward) [It death occurred in a hospital or Institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WISOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended separated from
6 DATE OF BIRTH (Month) (Day) (Year)	that last saw hamalive on Jun 6.14, 191.3.
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General oature of Industry, business, or establishment in which employed (or employer)	Capillary Bronchity (Buration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country) maconing	(Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary)
OF HATHER Churd Churd 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER Church of Junes of Mother (State or country) Prediction of Williams	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrs,mos,ds. Stateyrs,mos,ds.
(Interment) Institute to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or osual residence
(Address) Anserman 15 Filed an 7, 1913 Ja Bullock REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mary Canalina June 8 1, 191.3 20 UNDERTAKER OPERS LOUR COMMENT
If more blanks are needed, address State Registrat	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeuh, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "PUTEPERAL septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowio ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:

CORD	SICIANS shot
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	4. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be Stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
	m

P .

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR BR RACE 5 SINGLE, MARRIED. WIDOWEO. (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) tt LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. OR 7 BOCCUPATION (a) Trade, protession, pr particular kind of work (b) General nature at industry, business, or establishment la which employed (or employer) -----Contributory.... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) . 191.3. (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State yrs, ____ mos. Where was disease contracted. 14THE ABOVE IS TRUE If not at place of death? Former or usual residence DATE OF 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust, y, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purrerral septichaccause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples: For VIO-

SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT pinous S properly AGE INK UNFADING 80 jo pinous plain Instructions Information 5 DEATH of Item CAUSE OF mportant.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred la a hospital or lostitution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S BINGLE. SEX 4 COLOR OR RACE MARRIED, Married widowed, or Divorced (Write the word) (Month) (Day) 1 HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The GAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ... Contributory ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. mos. ... State vrs. mes. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfuibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

cbildbirth or miscarriage, as "PUERPERAL septichae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Hart fallure," "Haemorrhage," "Inanition," "Maraa "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. ture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN No. 1.

và .

PLACE OF DEATH	STATE OF MARYLAND
- Allegan 7N	CERTIFICATE OF DEATH
County/Many 14	Registration Dist. No.
Oblintat	Fit death eccurred in
Village or City Fluthone (No ,	a hospital or Institution,
Contlined Vari	Star give its NAME instead of street and number.]
FULL NAME JUMY OF A XASA	- 8) www ard
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH (and 26 1913
Male White ORDIVORGE Married	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
October 6 1882	191 1913, to 191,
(Month) (Day) (Year)	that I last saw have allve on faw. 23, 1913
T AGE	and that death occurred on the date stated above, at 1:30 0, m.
30 yrs. 3 mos. 20 ds. or?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Villisonary Villises
(a) Trade, profession, or Palorer	
(b) General nature of Industry,	
business, or establishment in Say Labor, which employed (or employer)	(Duration) 3 yrs. mos ds.
9 BIRTHPLACE (State or country)	(Secondary) Mellal montpellery
Megany Co	(Ouration) yrs mos/2 kgs
10 NAME OF PATHER OF L	(Signed) A. P. Gwiaa
Fraun Diewart	0 1.1 1.1
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
W 12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Sufer	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) // aya & leward	Former or usual residence
(Address) Theutstone Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Mt Hope Country Pa Jan 28, 1913
Filed Jaw 27, 1913 & Bernett	20 UNDERTAKER ADDRESS
REGISTRAR	Olo Holford lowerland
If more blanks are needed, address State Regis trar, 6	Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal statement. Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative Realthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purreral scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Hart failure," "Haemorrhage," "Inanition," "Maras genital," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemla," "Weakness," (name origin; "Candeath), 29 ds.: Examples:

If more blanks are needed, address State Register, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred le a hospital or Institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at (Duration) (Doration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scpticharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Never report Examples:

N. B.-

	1 PLACE OF DEATH	STATE OF MARYLAND
-	ounty allegan 76	CERTIFICATE OF DEATH
0	Sunty .	Registration Dist. No.
٧	iliage or City Cumbulan (No. 144,	Md. an st; 6 Ward) [It death occurred is a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S	Brul While- Single, Madeur	16 DATE OF DEATH Jan // 1913 (Month) (Day) (Year)
6	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
3 D	(Month) (Day) (Year)	that I last saw help ally on Decar M 1913
3 o (a	ge If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(b) bus	Seneral nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. / 4 ds.
S	IRTHPLACE tate or country)	(Secondary) (Ouration) (Ouration) (Ouration) (Ouration)
IS	10 NAME OF Philip Holl	(Signed) Les La Grandelle M. D. Jan 12, 1913 (Address) Communication freet
KEN	OFFATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAK	OF MOTHER Christing Muller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds.
	(Intermant)	Where was disease contracted, If not at place of death? Former or usual residence.
	(Address) 144 Mid au	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 FII	ed 1/12 193 Floburight	20 UNDERTAKER ADDRESS D
	REGISTRAR	7

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indiapplies to each and every person, irrespective of age. tion is very important, so that the relative realthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the piseass Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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state County PHYSICIANS should of OCCUPATION Is Village or City PERSONAL AND STATISTICAL PARTICULARS statement 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, ORDIVORCED (Write the word) Exact 6 DATE OF BIRTH 1883 ciassifled. (Day) (Year) (Month) It LESS than 7 AGE 1 day,hrs. OR min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) certificate. BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER 80 of terms, n back 11 BIRTHPLACE PARENT OF FATHER (State or country) should 0 12 MAIDEN NAME OF MOTHER piain Instructions information 13 BIRTHPLACE = OF MOTHER (State or country) DEATH 14THE ABOVE OF MY KNOWLEDGE See 0 OF Item Important. Every its (Address) 15

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.. Ward)

MEDICAL CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

16 DATE OF DEATH	av.	2	, 1913
	(Month)	(Day)	(Year)
17 I HEREBY	CERTIFY, That I		
, 191	, to		, 191
that I last saw hallv	e on		, 191
and that death occurred on		shave at	2 0
		above, ate	J
The CAUSE OF DEATH * W		1	,
Grushot	woun	a ju	·····
head, mill	relot to	y this	rally
hend, use	antaneou	d2) .	U
		1	
	(Duration)	yrsn	10Sds
Contributory(Secondary)		· · · · · · · · · · · · · · · · · · ·	
	(Doration)	vre r	nos ds
(Signed) Jury J	VI- / FOW	7	, M. D
Jan 4 4 , 19113 (Ad	idress) Londo	oning	, and
*State the DISEASE CAU	SING DEATH, or, i	n deaths from	n VIOLENT
CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC	or INJURY; and	(2) whether	ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	E (FOR HOSPITALS,	INSTITUTIONS,	TRANSIENTS
At place	In the		
of death yrs mos	ds. State	yrs,	mos de
Where was disease contracted,			
If not at place of death?			***************
Former or usual residence.			
		DATE OF B	LIDIAL
19 PLACE OF BURNALOR	Tener	17	
Lonacore	und &	can o	, 191-3
20 UPP STAKER	1 +	ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ampie: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: septichae-

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EXACTLY AGE supplied. UNFADING should Information

OCCUPATION PHYSICIANS RECORD properly pe may certificate. that it 80 ō back terms, piain instructions = DEATH of OF item mportant. CAUSE (

should

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or lostitution. give its NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SEX (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above. 1 day ... hrs. OR ... min. ? BOCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death __ yrs. mos. . State vrs. Where was disease contracted. if not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 20 ONDERTAKER ADDRESS REGISTRAR If more bisnks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerrenal scoticharetc., when a definite disease can be ascertained as the injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of . ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never repor Examples: For vio-

FOR BINDING MARGIN RESERVED

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Y. S. No. 1.

1 PLACE OF DEATH County Alley 79 175	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Combuland (No. B. O. C.) PULL NAME Milland F.	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male What Single, Married, Wildows, Wildows, Wildows, Orolvorceo (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw halive on,191
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 8 45 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, er particular kind ef work (b) County and a finding of the control of the	-6 + P. Passenger Trains
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrsmosds.
9 BIRTHPLACE (State or country) Md	Contributory (Secondary) (Ouration) yrs. mos. ds.
10 NAME OF Samuel Li Wagener	(Signed) Ano. A. Shaw Cgrover, M. D.
V 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
of MOTHER Many A. Styley.	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs, mos ds. State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Herbert S. Nagoner	Former or usual residence 12 Survey ave
(Address) Embertand MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12 1918 1 Delaning m	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lifof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Injury; as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenla," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of _ Is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

should OCCUPATION Instructions 50 OF Important. CAUSE

10

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. lit death occurred in St:.....Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S BINGLE, BEX 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) I HEREBY CERTIFY. That I attended deceas 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than t day.....hrs. BOCCUPATION (e) Trade, profession, or particular kind of work. (b) General nature of industry, business, or astablishment in which amployed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State Yrs. of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usoal residence OR REMOVAL 15 20 UNDERTAKER If more blanks are needed address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative heaithful-CAUSING DEATH, state occupation at beginning of iilshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: essary to know Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("I'neumonia," unquaiffied, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senite," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for For VIO-

V. B. No. 1.

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Village or City Cumbriland (No. 235,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
* PULL NAME Syland of Still	Born. Wheeler of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Sugle WIDOWED, Sugle ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on ,191 ,191 ,191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind et work	Still Down 6 - Mouth.
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
Seinthplace (State or country) Cum Miland	(Secondary) (Ouration) mos ds.
Unllaus // helle	(Signed)
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death?
(Address) 235 Va. avc.	Former or usual residence
FINAN I 2 19191 Howard REGISTRAR If more blanks are needed, address State Registra	Louis Stein Cambol

[Approved by U. S. Census and American Public Health Association.]

duties of the honsehold only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Plonter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcinoses

scpsis, tetanus) may be stated under the head of by corbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. mio," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichoecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulzions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. volvular heart discase; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic omo. Surcoma. etc., of cause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

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Village or City Near Cumbrian (No)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Brusle White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	19163 that I last saw her alive on Dans 6,19163
3 yrs. 0 mos. 14 ds. or min.?	and that death occurred on the date stated above, at 9,45 m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) Perturbase (State or country)	(Duration) yrs mos 14 ds. Contributory manufative Contribution (Secondary) (Duration) yrs mos 3 ds.
OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) VIS. MOS. 2 ds. (Signed) VIS. MOS.
of Mother Sophina hiller 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Interment) The Sophime I have	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) South St. Cumbrilla Med 15 Filed Jan / 1918 Swh Brandroff Ko Then Registran If more blanks are needed, address State Registran	20 UDERTAKER ADDRESS ADDRESS C, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc...

childbirth or miscarriage, as "Puerperal scptichaeinjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary). 10 ds. ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis usat neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of .. is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:

BINDING RESERVED FOR MARGIN

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
alleg 83 Q	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Cuuledaud (No. 2887)	2d Ove st.; 5 Ward) [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Clsa May 1	at street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Single, Married, Single Wisowes, Wisowes, Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Harch 8, 1906 (Month) (Day) (Year)	that I last saw h alive on
7 AGE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATHs was as follows:
CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 5 ds.
PBIRTHPLACE (State or country)	(Secondary) (Ouration) (Ouration) (Duration) (Duration)
10 NAME OF FATHER John R Hillison 11 BIRTHPLACE OF FATHER (State or country) Mich	(Signed) & La Fourher M. D. Jacky, 1913 (Address) Cumperland Ind.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds.
(Informant) John R. William	Where was disease contracted, If not at place of death?————————————————————————————————————
FINDAN 15 1913 91 Por anny h	PATE OF BURIAL OR REMOVAL PATE OF BURIAL PATE OF BURIAL ADDRESS ADDRESS
If more blanks are needed, address State Registral	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:

MARGIN RESERVED FOR BINDING

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-Every Item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH m

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Village or GHy (No. 1 St.; Ward) a ho	ATH It death occurred in spital or institution, its NAME instead reet and number.]
2FULL NAME MEDICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL TANTOSTATISTICAL	
male 4 COLOR OR RACE 5 SINGLE, MARRIED, Single (Month) (Day (Write the word) 17 I HEREBY CERTIFY, That I attended	
DATE OF BIRTH (Month) (Day) (Year) (Month) (Day) (Year)	, 191,
and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or particular kind of work	***************************************
BIRTHPLACE (State or country) Allegenges med (Ouration) yrs	mos. ds
10 NAME OF FATHER Marshall Milliam (Signed) (Sig	from Violena
CAUSES, State (1) MEANS OF INJURY; and (2) Whe TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENTS)	ther Acciden-
13 BIRTHPLACE OF MOTHER (State or country) At place of death yrs mos ds. State yrs	mos ds
Where was disease contracted, It not at place of death? (Informant) (Address) Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL DATE O	F BURIAL
FIRE 5 191301 # Strangen Pack your of home ADDRESS REGISTRAN West to runn.	12 , 191 3 ss

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Ceal material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," "Old Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for or as probably Never report Examples:

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

MARGIN RESERVED FOR

1 PLACE OF DEATH	STATE OF MARYLAND
County allegany 85/14	CERTIFICATE OF DEATH Registration Dist. No.
Village or Gity Mo No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
² FULL NAME Kebeea	Will of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Franch 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH January 9, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Die 2.3 (Month) (Day) (Year)	Jan 18, 1913, to Jan 19, 1913, that I last saw her ally on Jan 19, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	Maema
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Channe Reflect (Secondary)
10 NAME OF FATHER Lideor Shaffu 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER Berbara Kuncell 13 BIRTHPLACE OF MOTHER (State or country)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death
(Informant) Industry Pa	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed Jan 201913 Pa. G. Munay kin	Mellersburg Jan 2/1913 20 UNDERTAKER ADDRESS Carloland Par
more blanks are needed, address State Registrar, 6 E.	Franklin St., Balto., Requesting V. S No. 1

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal naterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify aii diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

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PLACE OF DEATH	STATE OF MARYLAND
alla 86 (C	CERTIFICATE OF DEATH
County County	Registration Dist. No.
Village or City Cumberland (No. 8	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Cuma	Joury
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fencele Colored (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 7-eby 12, 1849	, 191 , to , 191 , that I last saw h , alive on , 191
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Deration) (Deration) (Deration) (Deration)
10 NAME OF FATHER Mukuoun	(Signed) Vissa H Show Caroner, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Luchusur	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs, mos ds.
(Interment) and our	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 8 Hill St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed AN 3 1910 Floring REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekecpers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritongeum, etc.. Carein-

ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned sucb, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cblidbirth or miscarriage, as "Purrerral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Hart failure," "Haemorrhage," "Inanition," "Maras. Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent (name origin: "Can State cause for "Exhaustion, Never report Examples: For VIO-

Y. B. No. 1.

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Village or City Cumbuland No. W. 2012 PULL NAME MAY ASSA STATES	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 4 [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h & alive on Jany 13 1913
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at //- Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.
State or country)	(Secondary) (Deration) (Deration) (Deration) (Deration)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) A Hawking, M. D. fayly, 191 3. (Address) Chulculand had *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) BEN SAME TO THE BEST OF MY KNOWLEDGE (Address) LASENSKING AVA	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FINAN 14 1913 & Francisco Marchael Recistrar	Million NOT Jan 15, 1913 20 UNDERTAKER Wolford Cumberland
If more blanks are needed, address State Registrar, 5/E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative _eaithfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," -Coal (0)

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tubercutosis of lungs, meninges, periionacum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrperal scptichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) "Contributory." dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accinant neopiasms); Measles; Whooping cough; Chroniu cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of The contributory (secondary or intercurrent tctanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Never report Examples: